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THE CYSTICERCI OF THE TÆNIA.

BY E. KOEBERLE.

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*The Cysticerci of the Cestoid Helminths.*—The cysticerci of the tænia, formerly described by the name of hydatids, but now arranged in a special group, in the order of the cystic or vesicular worms, are merely a form of evolution of the cestodean helminths or tape-worms.

The cestoid helminths reach a state of perfection by a successive alternate generation, and by various changes. At maturity they consist of a cephalic portion (scolex), and a body formed by a series of articulations (keetos, *anneau*), each of which constitutes a distinct individual, androgynous, provided with an ovary, with a male generative apparatus, which becomes atrophied in the maturing segments, and with one or two egg-excreting ducts. These articulations form a chain or colony of individuals of varying length, which are in a state of greater maturity the more distant they are from the head—their form is variable, and the tænia represents one of the types.

The embryos of the cestoid helminths are agamous—they do not arrive at complete development, at the condition of a strobilus or tape-worm, pro-glottic and provided with sexual organs completely developed, except by remaining free in the intestinal canal of a vertebrate; when these embryos penetrate and lose themselves in the tissues in which they lodge, they provoke a local inflammatory irritation accompanied by a plastic exudation. This exudation changes to an envelope of fibrous tissue of variable thickness (fibrous cyst or capsule) in which they remain enclosed as cysticerci.

The cysticerci of tæniæ have a tænia head supported by a neck of varying length, enabling them to retract and to invaginate themselves in the terminal extremity of the body (bladder or

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caudal vesicle), which is distended by a clear, more or less abundant liquid, at times enclosing certain whitish flakes formed by amorphous detritus. In this stage they present themselves in the form of a vesicle of larger or smaller dimensions, at times rounded, at others elongated and pyriform, ellipsoid and flattened, or transversely prolonged, and occasionally irregular, owing to the place in which they are lodged. At a point corresponding to a small external opening of its surface (orifice of invagination) often difficult to perceive, this vesicle embraces a little body more or less hard and opaque, formed by the cephalic extremity invaginated and drawn back upon itself. At the extremity opposite the orifice of invagination may be observed a slight projection, somewhat depressed (depression or terminal cicatrice). This part disappears and becomes inappreciable when the caudal vesicle is very distended.\*

The encysted cysticerci remain agamous. They present transverse corrugations, but they never are found in segments nor as proglottis with developed sexual organs. The inner surface of the wall of the body is covered by a layer of corpuscles, improperly called calcareous corpuscles, the most of which are germs of embryos or rudimentary ovules, generally abortive and incrustated with calcareous salts.

The cysticerci, like the strobili, are unprovided with a buccal orifice and digestive organs; they are nourished by imbibition; a few species only are provided with four longitudinal ducts which commence near the rostillum and terminate indistinctly beyond the suckers. These ducts probably unite, forming the two which run along the lateral portions of the strobilus, as in the *T. solium* for example. Their growth is very gradual, being resisted by the fibrous envelope with its close meshes which encloses them, and offers more or less resistance to the endosmotic imbibition—they rarely attain the size of a pigeon's egg. The cysticercus of the *T. cœnura* and *T. echinococca* are the two exceptions—the latter, especially at times, is enormously developed. They are gradually incrustated by salts, perish and become mummified as a calcareous mass, in which their tenacula are found, and which is contained in the fibrous cyst, though never forming any adhesion with it.

*The Cysticerci of Tænia in different animals.*—These have been found in nearly all the organs of mammals. In certain animals they are very common, and may be considered almost as normal, causing no trouble. Cats, when very fat, contain them almost without exception in the peritoneal cavity. They are also very commonly found in the rabbit, hare, deer, ox, and sheep. In the last, they are the cause of the so-called calcareous phthisis or pommelière, the watery cachexia, pourriture, gangrene of the lani-

\* It is easy to follow in the cysticercus of the *tænia serrata*, which is very common in the peritoneal cavity of the rabbit, the changes that age causes in the caudal vesicle, the orifice of invagination and the terminal cicatrice.

gerous animals, and hydatids. Swine at times are infected by them to such an extent, that numerous tumors are formed in the flesh, known as the disease called *ladiois*, *morbus glandosus*, *affectio finnarum*, formerly attributed to a venereal taint, but whose real nature, suspected by Otto Fabricius, in 1782, was recognized and demonstrated by Goëze.\*

The *cysticerci* in animals are generally found in the liver, the peritoneum, the lungs, cellular tissue, and elsewhere.

The *cysticerci* of the *tænia* found in the mammals belong to different species. A few specially and almost exclusively inhabit a particular vertebrate; others are common to many *mammifera*. The *C. echinococcus* is found most frequently in man and in the domestic animals; the *C. cellulosa* or *solium* in the dog, the bear, the roe-buck, the rat, monkey, and especially in the pig and in man; *C. cœnurus* in lambs, calves, and other ruminants; *C. tenuicollis* in most ruminants and domestic animals, in the squirrel, and also in man; *C. crassicollis* or *fasciolaris* in the mouse, bat, rat and meadow mouse; *C. serratus* or *pisiformis* in the rabbit and hare; *C. crassiceps* or *longicollis* in the meadow mouse; *C. fistularis* in the horse; *C. turbinatus* and *C. melanocephalus* in man. Certain kinds have been rarely met, badly described, and perhaps relate to the preceding. Such are the *C. crispus*, *C. sphærocephalus*, *C. canis*, *C. elongatus*, *C. cordatus*, *C. putorii*, *C. talpæ*, *C. leporis variabilis*, *C. delphini*, &c. In the present state of our information, an accurate classification is not possible.

*Cysticerci of Tænia in man.*—These are rarely observed. Those of the *T. echinococca* are the most frequent. The *cysticerci* of other kinds of *tænia* or of *tæniæ* as yet unknown, are very rare. It appears that more than a sixth of the natives of Iceland are affected by hydatids of the liver (*livrarveiki*), which cause great ravage, and, according to Von Siebold, should be the *cysticerci* of *T. serrata* (?). Schleisner has drawn attention to this disease of the Icelanders, which Eschricht† considers, judging from the pieces sent by Thorstenson, as caused generally by the *cysticerci* of *T. echinococca*, *acephalocysts*.

According to Wunderlich,‡ the cases of *echinococci* of the liver in the environs of Dresden almost equal in number the cases of *tænia*.

*Observations of Authors.*§—Previous to the 19th century, in various treatises and reviews, many instances are noted of other species of *cysticerci*, besides those of the *T. echinococca*, in man; these observations, however, are not sufficiently lucid. In later researches, simple serous cyst formations, and other productions by

\* Goëze, *Neueste Entdeckungen, dass die Finnen in Schweinefleisch keine Drüsenkrankheit, sondern wahre Blasenwürmer sind*, Halle, 1784.

† Küchenmeister's *Helminth.*, not. 1856, über die Bildung der *Echinococcen*.

‡ Wunderlich, *Handb. der Pathol. und Therap.*, Bd. III., Abt. 3, p. 339.

§ All these observations, excepting a very few, are taken directly from authentic sources, and given here summarily, though the important and practical parts are fully treated.

no means parasitic, have been confounded with them. Again, on the contrary, they have been considered as serous cysts, and at times also described as echinococci.

Reliable cases of cysticerci in man have been found by Warthon,\* Panaroli,† Morgagni,‡ and Wepfer;§ these observations are not complete.

Goëze¶ apparently was the first to notice the *C. cellulosa* (?) in man. When examining certain hydatids sent him by Meckel, he recognized distinctly the crown of tenacula, and considered them as small vesicular worms analogous to the vesicles that are found in swine affected with morbus glandosus. A complete examination was impossible, owing to the prolonged maceration in alcohol.

Werner\*\* first recognized and gave an elaborate description of a *T. hydatigena* eremita, allied, as he judged, to the *T. hydatigena* (*C. cellulosa*) of swine, which evidently bears a relation to a species often observed, the *C. turbinatus*. The interesting observations of Werner were completed and criticized by Fischner.

Werner observed many hundreds of these parasites in making an autopsy of a soldier, forty years of age, who drowned himself, and whose body remained during two weeks in ice-cold water. This soldier for many years was subject to melancholy, and frequently complained of lassitude and heaviness of his limbs. The parasites were lodged in the muscles, which nearly all were crammed with them. The liver, lung, and probably the brain, were not examined. They were not found in the fatty cellular tissue, which was quite abundant. No well marked inflammation of the neighboring tissues was observed.

The parasites were enclosed in a fibrous capsule (*vesicula vaginalis externa*) of a reddish color, oblong, from 0<sup>m</sup>.007 to 0<sup>m</sup>.028 in length, bulging at the middle portion, and adherent to the neighboring parts by vascular and fibrous prolongations, in a manner that made it impossible to detach them except by force or the scalpel. In certain places many were found united or coupled by their extremities. The worm occupied the major part of this capsule, in which, free from any adhesion, it swam in a little mucus, somewhat thick and troubled, that Werner considered as formed by the excrement or seminal matter. The worm, extracted from its cyst and placed in tepid water, soon thrust out its head and a part of its neck from a transparent vesicle (caudal vesicle) common to all the *T. hydatigena*, and which terminated transversely by the two obtuse elongations; that is to say, the form of the fibrous capsule was reproduced. The head and neck,

\* Bonetus, Sepulchretum, Geneva, 1679, p. 1541.

† Panaroli, Introlog. sur Medic. Observ., Pent. I., Obs. XVII., Hanoviae, 1654.

‡ Morgagni, De Sed. et Caus. Morb. Venetis, 1761, Epist. 21, § 4.

§ Eph. N. C. dec. II, An. ix., 1691, p. 440.

¶ Goëze, Neueste Entdeckungen, &c., Halle, 1784.

\*\* Werner, Verm. intest., continuation II. p. 7. Leipsig, 1786.



formed by more than twenty articulations, passed out through a small linear depression (*incisio vel foreola*) from a vaginal capsule (*capsa vaginalis*), shaped like a lentil, coriaceous, thick, cartilaginous, and united by its lateral portion to the caudal vesicle. The head of the parasite was formed by four papillæ (*ventouses*), crowned by a double row of vesicles (*vesiculæ sugentes*) and by a double row of small vesicles terminating in points, exactly similar to those (*tenacula*) of the *T. cucurbita* of man. In these Fischer was unable to find the tenacula. Moreover, Fischer was not able to perceive those of the *C. cellulosa* of swine, which were plainly seen by Goëze. These organs in all amount to thirty-two in number. Beyond the head, the neck was traversed by a black line, the prolongation of the caudal vesicle. The parasites apparently were alive, since Werner and Fischer affirm that when in tepid water they thrust out their heads, not only by a slight compression, but also spontaneously. When water mixed with alcohol or salt was added to the original tepid water, they drew their heads rapidly back. Fischer pretends to have noticed these facts during three weeks, although the subject was putrefying, and the parasites had been exposed several times to a temperature below 0.

W. and F. supposed these parasites formed a peculiar species, distinct from the other *tæniæ hydatigenæ* (*cysticerci* of *tenia*), and different from the *C. cellulosa* of the pig. They based their judgment on the existence of a *capsa vaginalis*, which they considered a special organ, though it is merely the cephalic extremity invaginated in the caudal vesicle; on the difference in the form and size of the last; on the difference in the number of the tenacula.

According to Rudolphi,\* in the autopsies at Berlin, a considerable number of *C. cellulosa* were found; on an average, one subject in fifty contained them. They were generally found in the gluteal muscles, the *psaos*, the extensors of the thigh, and also, though more rarely, in the brain. Once Rudolphi dissected a woman, quite stout and fat, whose muscles contained a very large quantity of these parasites. The columnæ carneæ of the heart furnished three; the brain was stuffed with them; they were found in the corpora striata, in the medulla oblongata, between the convolutions, and in the medullary substance of the brain. Rudolphi was never enabled to determine the symptoms of *cysticerci* during life.

Himly,† Loschge,‡ Flormann,§ Laennec,|| Dupuytren,¶ Mascagni,\*\* Greve,†† have observed the *C. cellulosa* in the muscles and in the cellular tissue.

\* Rudolphi, Entozoor, Synopsis, p. 546. Berlin, 1819.

† Hufeland's Journal, t. xxix., 1809, p. 116.

‡ Seibisch, Comment. de tenia hydat. anom. Erlangen, 1802.

§ Rudolphi, Entozoor, Synopsis, Berlin, 1819, p. 620.

|| Mémoires de la Société de Médecine, an. xii.

¶ Dupuytren, Leçons Orales, t. iii., p. 367.

\*\* Brera, Lezioni Med., Pratt. &c., Crema, 1802, p. 153.

†† Greve, Erfahr. und Beobacht. über die Krankh. der Hausthiere, Oldenburg, 1818, c. xvii.

Gerlach,\* Wyman,† Raikem,‡ have found many cysticerci in the muscles.§

Other cases in which the cysticerci were few and of no special interest, have been observed by Follin and Davaine,|| Beraud,¶ Virchow.\*\*

Ude†† described a tumor of the size of a pigeon's egg, situated above the sternum of a man. An incision gave issue to pus, and a cysticercus the size of a small nut, provided with thirty-two tenacula. Hoffman‡‡ found in an abscess of the deltoid of a girl, 18 years old, a cysticercus considered by Wedl a *C. cellulosa*, invaginated in the caudal extremity, in the form of a small cylindrical mass, nine millimetres long by one broad, containing the head of a tænia furnished with two rows of tenacula.

Stich§§ has reported six cases of cysticerci observed in the muscle, &c. In one of these, in which about three hundred tumors formed by cysticerci in the external parts of the body were counted, Romberg thought the attacks of epilepsy to which the patient had been subject could be referred to the presence of these parasites in the brain. This man, whose health had formerly been excellent, was seized by sudden intense epileptiform convulsions, at the same time that a large quantity of cysticerci appeared in the muscles and the subcutaneous tissues. Stich thinks the contractions of the caudal vesicle can explain the various states of irritation of the nervous system, when the cysticerci are situated in the brain (?).

Gervais and Demarquay||| observed in a woman, 60 years old, whose body presented numerous purulent collections, cysticerci lodged in great numbers in the muscles of the economy. One was also found in the lung. Gervais considered them *C. cellulosa*. Each was imprisoned in a fibrous capsule. The caudal vesicle, ellipsoid or ovular in form, was fifteen to twenty millimetres long by five to six broad. The tubercle formed by the invagination of the head and neck, was the size of a grain of hemp seed. The head, very small, was blackish, especially in the upper half, where very small grains of pigment were seen about the crown of tenacula, which, thirty-two in number, were arranged in two close rows. The suckers were four in number. The surface of the hydatid was finely granular, and the orifice of entrance of the tænioid part of the worm appeared as a small umbilicus, difficult

\* Gazette des Hôpitaux, 1844, p. 506.

† Jackson, a Descriptive Catalogue of the Anatomical Museum of the Boston Society for Medical Improvement, 1847, No. 904.

‡ Bulletin de l'Académie Royale de Médecine de Belgique, 1853, p. 199.

§ Rainey considered he had met with the *C. cellulosa* in the primitive fasciculi of muscular tissue, in the form of small bodies elongated in spindle shape. Philos. Trans., 1857, p. 3. On the Structure and Development of the *C. cellulosa* as found in the Muscles of the Pig.

|| Comptes Rendus de la Société de Biologie, 1852, t. iv., p. 19.

¶ Gazette des Hôpitaux, 1857, p. 475.

\*\* Gazette Médicale, Paris, 1858, p. 443.

†† Nordamerik. Monatsbericht für Natur und Heilkunde. Philadelphia, January, 1852, p. 10.

‡‡ Wedl. Grundzüge der Pathol. Histol. Wien, 1854, p. 763.

§§ Canstatt's Jahrbuch., 1855, l. iv., p. 339. Ueber das Finnigsn lebender Menschen, in Ann des Charité, Krankenh zu Berlin, Ann v., H. l., p. 154.

||| Journal de l'Institut, 1845, 1re sect., p. 16.

to distinguish. The cysticerci which have been represented\* have a caudal vesicle, relatively largely developed, and the orifice of invagination is always situated on the lateral portion, and not at one of the extremities of the great axis of the ellipse.

Sichel† has mentioned five cases of cysticerci lodged under the conjunctiva.

Hoëring‡ has made a similar observation; as also Baum,§ Estlin,|| Cunier,¶ Cauton.\*\*

The parasite formed a small tumor, of the size of a pea, below the conjunctiva, which was more or less inflamed at this spot. In the most of these observations, nearly all of which were of children from six to seven years of age, a cure was obtained by incision or by the extirpation of the cyst. In one case of Sichel,†† the cysticercus was expelled spontaneously, from the rupture of a small abscess.

Soemmering‡‡ observed a *C. cellulosa* in the anterior chamber of the eye in a girl 18 years old. The parasite was perceived after a violent ophthalmia, which gradually disappeared; in form, a small ball, quite diaphanous, with a whitish and opaque centre. At times, the folded part of the neck, terminated by the head, was seen to protrude, either spontaneously or by a slight rubbing on the eye. It did not interfere with vision, except when it placed itself before the pupil; in the space of seven months its size was doubled. The young girl was operated on by Schott, who drew the worm, still living, of the size of a pea, from her eye. Roser§§ extracted, through an incised cornea, a cysticercus lodged in the anterior chamber of the right eye of a man 31 years old. The parasite, of the size of a small pea, had the appearance of a transparent vesicle, with a whitish centre. It only troubled vision when it came before the pupil. At first, there was no appearance of any inflammation of the eye, but after two months an internal ophthalmia became imminent, which decided Roser to operate. In the endeavor to extract the parasite by means of a pair of small forceps, the caudal vesicle was torn; the nucleus, which it contained on microscopical examination, exhibited the suckers and crown of tenacula, similar to those of the tania. The incision of the cornea healed perfectly, and the sight was not afterwards troubled.

Problematical observations of cysticerci of the eye have been made by Logan,||| Alessi,¶¶ Cauton\*\*\* and others. Graëfe††† ob-

\* Gervais et van Beneden, Zool. Medic., t. ii., p. 251.

† Revue Chirurgicale. Mai, 1854, p. 146.

‡ Gazette Médicale de Paris, 1839, p. 636.

§ Ammon's Monatsschrift, 1838, Bd. i., p. 67.

|| Mackenzie, Traité Prat. des Malad. des Yeux, Paris, 1843.

¶ Annales d'Oculistique, 1842, t. vi., p. 271.

\*\* Archives Générales de Médecine, 4 série, t. xix., 1849, p. 218.

†† Sichel, Iconographie Ophthalmologique, Paris, 1859, obs. cclxix, p. 705.

‡‡ Isis oder Encyclop. Zeitung von Oken, Jena, 1830, p. 707.

§§ Correspondenz-Blatt zur Förderung der Wissenschaftlichen Heilkunde, Marburg, 1860, p. 656.

||| Archives Générales de Médecine, 2e série, 1833, t. i., p. 573.

¶¶ Bulletin de l'Académie Royale de Médecine de Belgique, Bruxelles, 1853, t. xii., p. 197.

\*\*\* Loc. cit.

††† De La Calle. De l'Ophthalmoscope. Thèse de Paris, 1856. Archiv. für Ophthalm. von. Arlt, Don- ders und Graëfe, Berlin, t. i. et ii. passim.

served a dozen cases of cysticerci in the depth of the eye. A good number of these observations are doubtful.

Leudet\* examined the heart of a man 52 years old, who died of endocarditis. The walls of the heart contained eleven cysticerci. No cerebral symptoms had been observed. The other organs were not examined. The description of the cysticerci, which were very small, was very incomplete.

Rudolphi,† Andral,‡ Ferrall,§ Morgagni,|| have made analogous observations of cysticerci in the walls of the heart.

[To be continued.]

#### DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

##### LECTURE V.—(Concluded.)

IN carrying out the details of the general plan upon which the treatment of acute and chronic diseases is to be managed, a great variety of conditions present themselves, which may be peculiar to individual diseases or may exist in any disease. We are next, then, to consider the method of procedure under these conditions, referring to particular diseases only so far as may be necessary to illustrate this method.

That the alimentary canal should be well evacuated at the beginning of any considerable disease, was stated at the beginning of this lecture. A good many questions arise, however, in connection with this point, which require further remark, particularly the connection which the matters evacuated may have had with the causation of the disease. When undigested food, or food become acid, copious fæces, especially of bad appearance, bile and secretions are discharged, we are apt to infer that these have brought on the attack, and particularly if their evacuation be followed by relief. This may be so, or it may not. When a patient has recently taken food, and when, either spontaneously or by the operation of medicine, he throws it up undigested or sour, or passes it in this state from the bowels, it is a natural inference that the food has caused the attack, especially when it has been erroneous either in quality or quantity. But this inference will often be a mistaken one. It may be that the indigestion has been the consequence of disease and not its cause.

When the food has been really the sole cause of the attack, its complete evacuation is usually followed by entire relief, whether effected spontaneously or by medicine.

But the evacuation of the offending food, either by vomiting or purging, is not always complete, and portions may remain behind,

\* Gazette Medicale, Paris, 1852, p. 696.

† Loc. cit.

‡ Andral, Précis d'Anatomie Pathologique, Paris, 1829, t. ii., p. 332.

§ Journ. of Med. Soc., Dublin, July, 1839.

|| Loc. cit.

keeping up a continued state of irritation in the stomach, or even the whole of the alimentary canal, indicated by nausea, retching, epigastric distress, ineffectual attempts to vomit and imperfect action of the bowels. Where this state exists it is not well to persevere in active measures to procure evacuations, but to leave the organs at rest, administering only mild, soothing and liquid nourishment, and a few grains of carbonate of soda in solution, or a small quantity of lime water, every few hours. Sometimes very soon, or at farthest after a few days, the disturbance will subside, the organs rally and relieve themselves of their contents; or if not, may be made to do so by a mild evacuant, such as rhubarb or castor oil.

Where food has not been the whole cause, its evacuation, though giving much immediate relief to the sensations of the patient, does not relieve the disease, though removing one cause of its aggravation and continuance. Both of these contingencies are well illustrated by what happens in common cholera morbus. An attack of this disease may take place simply from irritating food at any period of the year, but especially in the summer, when the organs have become irritable from the influence of heat. In such cases, promoting effectual vomiting by warm diluents, or producing it by an emetic of ipecac, is generally sufficient. If the irritation and distress is great, the addition of ten or fifteen drops of laudanum and a teaspoonful of cinnamon to the emetic will render its operation easier and more effectual, by preventing that unequal and irregular action of the stomach and bowels which prevents in an irritable organ a complete effectual effort. But there is another class of cases, occurring almost exclusively after a period of very hot weather, in which the attack is of a different kind and its cause lies deeper. In these, food does not cause the attack; the attack finds the food in the stomach and its digestion is arrested. Its presence increases the irritation of the organ, for its digestion being arrested and the condition of the stomach changed, it becomes a foreign substance. Still its evacuation does not give any relief, and violent symptoms follow, such as epigastric distress, with severe ineffectual retchings and cramps. A very early emetic, with an opiate, largely diluted, will sometimes succeed here, but more commonly the best method is to quiet all activity by very full successive doses of laudanum—from 80 to 100 drops—each dose to be repeated at once if rejected, and then leave the patient for a time without further medication. There is a series of cases lying between these two extremes. A man in health before going to bed eats largely of some unusual and improper food, and is waked up in the night by violent vomiting and purging. Another takes only his ordinary food, but is also attacked with equal or greater violence. The first throws up his food in an undigested state, and in twenty-four hours is well. The second also throws up his food in the same condition, but

without the same relief. He has pain, nausea and epigastric distress, great prostration, painful spasms in the muscles of the abdomen and limbs, violent retchings with discharge of acid secretions and of green and yellow bile, perhaps copious discharges of similar matters from the bowels, he is reduced to a state of great exhaustion, becomes cold and almost pulseless—he may even die, though this is uncommon. At any rate, after the urgent symptoms have ceased, he continues ill for many days, and slowly recovers.

No doubt improper food alone will sometimes produce continued disease; but more commonly when disease is apparently produced by food, as indicated by its expulsion in an undigested or chemically altered state, there has existed a preceding predisposition which the food simply calls into activity. There are some persons, indeed, with a stomach so weak and irritable that they may be regarded as always in such a state of predisposition. By great care they may keep themselves indefinitely in a comfortable state of health, but upon the occasion of some error of diet, or from any cause of irritation or exhaustion, they will undergo an attack, not relieved by evacuation, but following a course more or less like those just described.

These remarks are intended to illustrate conditions of the stomach which may arise in any disease and in any period of disease—in which some offending load is present which may be the sole cause of the symptoms from which the patient suffers, or which may be only the consequence of a condition under which the stomach has previously labored. The general principle of treatment will be always essentially the same. In either case, the removal of the load is to be desired and attempted. If the attempt is successful, in the one case the whole trouble is removed, in the other an impediment to its removal by the efforts of Nature is taken away. If unsuccessful, the organ is not to be annoyed by repeated efforts, but either to be left to rest, or its irritation soothed by palliating measures.

Much caution is to be used in judging of the state of the patient as connected with the presence of undigested food. Thus periodic attacks—such as epilepsy and sick headache—are apt to be attributed to this cause, because, either spontaneously or by an emetic, articles last eaten are rejected, and often in what is regarded as an unnatural state. Now even the contents of a stomach engaged in the act of healthy digestion are often acid, and have a disagreeable odor and appearance; so that if a fit of epilepsy comes on during this act, and an emetic be given, it is apt to be inferred that the food has been the cause of the fit, and that it was of an improper kind. This seems to the observer to be confirmed by the fact that relief follows the act of vomiting, and as a consequence the articles taken are in future forbidden. Hence, a patient is sometimes unnecessarily restricted as to his diet, from the delusive idea that indigestion is the whole cause of his malady,

while, in fact, the indigestion is caused by the approach of the fit. A similar remark is true of sick headache. No doubt occasional attacks of it will be brought on by great errors as to diet, as is also the case with attacks of epileptic convulsions. But in both these maladies there is in most patients a constitutional tendency to them, which will bring them on at certain intervals whatever care is taken. A reasonable restriction as to food will prolong this interval, but the return of the attacks is a species of necessity and cannot be wholly prevented.

There are other conditions of the digestive organs, occurring either as insulated attacks or at the beginning or in the course of other diseases, which require notice, and they often present questions of treatment difficult to determine. Thus, severe and painful spasm may seize the stomach from the presence of undigested food, or from food of an improper quality or quantity. This spasmodic state may be regarded as the result of an abortive or imperfect attempt to vomit—just as cramp will sometimes seize the calf of the leg, or some other muscle, as a consequence of an attempted voluntary motion, instead of the normal voluntary contraction. In this state of things there are two modes of treatment, either of which may be successful or either of them fail, so that it is not always easy to decide between them; either by an emetic of ipecac, which shall substitute the normal effort to vomit for the spasmodic condition which seems, as it were, to grasp the offending contents in a close embrace; or by an opiate, which quells the spasm, and thus brings the stomach into a condition that enables it to empty itself in the natural way, or to suffer an emetic or cathartic to do this without opposition. When the spasm and pain is moderate, intermittent with long intervals, and accompanied by nausea and efforts to vomit, especially if we know that the food has been recently taken, in large quantity and very indigestible—an emetic, guarded by an opiate and some aromatic, may be safely employed.\* But if the spasm be fixed and violent, and the food has been taken some time before, so as to be partially digested and be passing into the intestines before the attack begins, a full opiate, repeated immediately if rejected, and at intervals, till the spasm is relieved, seems to be the proper method.

An analogous state of things occurs in the large intestine, giving rise to the different forms and degrees of colic. Colic probably originates in an effort to carry forward and discharge something from the bowels—either fæces, food or flatus—which is ineffectual and passes into spasm. Here, too, relief may be obtained in two ways, either by a cathartic, which substitutes the normal peristaltic action for the morbid condition, or by an opiate, which quiets that condition, leaving the offending matters, after a period of rest, to be evacuated naturally or by a cathartic. When the at-

\* R. Inf. menth. pip. vel cinnam., two ounces; pulv. ipecac., two scruples; zinc. sulph., one scruple; tinct. opii, thirty drops. Mix. One half to be taken at once and repeated.



tack is moderate, the cathartic practice may be employed, but in a large proportion of cases the opiate is better, or at any rate easier to the patient. Attacks of this description are very frequently met with, varying in degree from those which are well marked and formidable, to those so mild as to be simply very uncomfortable. The treatment will, of course, vary with the intensity. A dose of castor oil, or of some of the aromatic and stimulating purgatives, such as tincture of aloes and myrrh, or compound tincture of senna, or an operative enema, aided by external applications, are often quite sufficient, whilst at other times large doses of laudanum or other opiates become indispensable. It is acting on the safe side to prefer the latter method to the former. It certainly sometimes happens that the attempt to remove the trouble by cathartics converts a moderate and simple case into a severe and complicated one. The stomach is nauseated by the medicines administered and rejects them, or the whole canal is thrown, by the efforts excited, into a state of high irritation, and a train of distressing and sometimes alarming symptoms follows. When dependence is placed upon opiates, it is better to give at first a little more than is absolutely necessary, than a little less. An under dose may require to be repeated, and thus in the end a larger quantity be taken than if a full dose be given at once.

There are some persons whose organs of digestion are extremely susceptible to all medicines, in whom the attempt to evacuate them at any period of disease, and sometimes even in health, is productive of great irritation, indicated by nausea, vomiting, colicky pains, ineffectual retchings, and great restlessness and prostration. By some practitioners, the evacuation of the bowels is regarded of such indispensable necessity, that the attempt is repeated and persisted in, as I think, sometimes to the manifest injury, certainly to the great annoyance of the patient. It is seldom so essential a point as to render this advisable. Such a condition of the canal necessarily lessens the ability to contend with whatever disease may be present, and is a greater evil than the presence in it of the substances it is attempted to remove.

In such constitutions, when we are acquainted with them, it is better to trust the case wholly to the mildest palliatives, and soothing external applications, emptying the bowels only by enemata. By this plan the disease may run through its natural course without evoking that tendency to gastric and intestinal irritation which is peculiar to the patient. Where the constitution is unknown, and this state of things is brought on by the ordinary course of treatment, as soon as it manifests itself all active interference should be suspended, and the disturbance that has been created may then spontaneously subside. The subsidence will be sometimes aided by articles grateful to the taste and gently stimulating to the stomach, such as some of the essential oils dissolved in alcohol—the oils of wormwood, of checkerberry, of cinnamon, of peppermint, &c. Small



quantities of soda combined with these, and effervescing mixtures in small and frequently-repeated doses, as of soda and lemon juice, will often be of service, as will also small quantities of brandy slightly diluted. The effect of opiates is more uncertain. A grain of solid opium or more is occasionally successful, or a frequent repetition of very small quantities of morphia, black drop or the liquid extracts. All attempts at evacuating the canal, except by enemata, should be avoided; irritating external applications are at best useless, and those only of a soothing kind will be of any avail, such as warm poultices to the abdomen and fomentations of water, hops, chamomile, &c.

The conditions here referred to as objects of attention are not in themselves the disease, but are accidents which may occur in any disease. Their occurrence, however, is an event of importance in the progress of the case in which it takes place, and may seriously interfere with its favorable course. The violence of this secondary affection is, however, by no means any measure of the severity of the primary, but rather of a peculiarity in the patient himself. It may occur in even so slight a disease as a common cold, and, in the same person, is less likely to occur in a very grave attack than in one of a moderate character. The same thing is not unfrequently observed as to other constitutional peculiarities. They continue to exhibit themselves in cases of slight disease, but a very severe one seems, as it were, to reduce all constitutions to nearly the same level, and to over-ride tendencies which manifest themselves on ordinary occasions. Thus, it is a matter of common observation that nervous and hysterical patients, who are abundantly troubled with their peculiar symptoms during trifling ailments, and even in their ordinary health, become tranquil, quiet and entirely free from them, in aggravated and especially in mortal diseases.

Somewhat related by certain affinities to the cases which have been considered, is another condition that may occur in almost any period of disease, in connection with the attempt to evacuate the alimentary canal; I mean what is popularly called a "stoppage of the bowels." This is a prominent characteristic of an attack of ileus, and is then at once accompanied by other characteristic symptoms, but I refer more particularly here to its occurrence where there has been no preceding indication of any local difficulty in the bowels themselves. In a case where these organs have been acting very well, there is a sudden failure in the operation of a purgative; a more active one is administered, which is still resisted, and we find that the canal is closed. Perseverance in the attempt to open it only aggravates the difficulty and brings on a state of general irritation, such as has been above described. Very powerful cathartics will sometimes force their way through and give relief, but not generally; and the case may assume all the formidable characteristics of ileus and prove

fatal. The local state of the parts concerned cannot always be determined. In those which terminate in death, there is usually found some of those mechanical impediments which are enumerated as the causes of ileus, such as intussusception, diverticula, internal hernia, stricture, &c. But in those where the bowels finally give way, we can only conjecture the state of things. It may be simple torpidity, inflammation, or spasm of some part of the tract of the intestines.

The essential object of treatment was formerly judged to be the procuring of discharges. Because relief always followed the opening of the bowels, it was inferred that this was the *sine qua non*, and the thing to be accomplished at all events. But as it was found that in fatal cases a state of disease was revealed which no purgatives could have removed, it was quite as reasonable to judge that the "stoppage" in those recovering was dependent upon an entirely different condition of parts; that this condition gave way and then discharges took place, and that seemed to be the cause, which was in fact only the consequence. A practice in conformity with this view is now generally regarded as most judicious. Wherever there is a decided closure of the intestines, we are to cease active interference so far as this particular object is concerned. Where there is no pain or other indication of actual disease, we are simply to stand aloof, and by and by, in a vast proportion of cases, the difficulty is spontaneously resolved. Where there is pain, tormina, swelling and the other symptoms of mechanical obstruction, and ineffectual efforts on the part of the intestine, all active symptoms are to be quelled by opium, and the parts are to be kept under its full influence till the patient dies or the bowels act of their own accord or by enemata. This course not only is attended by far less suffering in cases necessarily mortal, but by the more frequent recovery of cases which, under the aggressive form of treatment, seem likely to have come to the same termination.

I would remark, with regard to all these different states of the canal which have been spoken of, that in looking back upon past experience, I am persuaded that their occurrence is far less frequent, the recovery from them far more speedy, and the suffering of the subjects very much less, under the palliative treatment, than under the persevering and active medication which it was formerly judged necessary to adopt.

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In a fatal case of hydrophobia, recently, at the Hotel Dieu, Paris, the period of incubation was unusually long—the patient having been bitten in the beginning of October, and the peculiar symptoms not manifesting themselves till the 21st of January. Death occurred four days after. A medical journal of Genoa mentions two cases of still longer duration—viz., one of fourteen, the other of five months.

## Bibliographical Notices.

*What we Eat: an Account of the most Common Adulterations of Food and Drink. With Simple Tests by which many of them may be detected.* By THOMAS H. HOSKINS, M.D. Boston: T. O. H. P. Burnham. 1861. 12mo. Pp. 218.

WE cannot give a better idea of this work than by quoting a portion of the author's preliminary remarks:

"It is generally but vaguely believed, that frauds are constantly and systematically practised among us, by the sophistication of nearly every article of diet; and that not a few of those engaged in these nefarious practices, in the recklessness of an unhallowed lust for gain, do not scruple to make use of the most deleterious and even poisonous substances for such purposes.

"It is a mournful fact that this public uneasiness upon so vital a matter should be well founded, but it is a fact; and in this and succeeding chapters it is designed to give it the point and force of a demonstrated certainty; that the public mind may be aroused to the full enormity of such acts, and to the necessity of an effectual remedy. To this end, numerous samples of all the substances which are in most common use as articles of food, have been carefully and repeatedly examined and tested, by means of the appliances known to science, and the results which will be laid before the reader cannot fail to produce conviction."

We think that the text everywhere proves the truth of the author's statements. The first chapter, on the adulteration of bread, shows that "this 19th century" has produced as great rascals as any; for those who systematically adulterate this necessary of life, would very easily adapt themselves to all varieties of crime. After the reader has become acquainted with the dangers to which he is exposed in seeking nutriment absolutely essential to life, we would call his attention particularly to the chapter on confectionary and some other unnecessary articles. It will be seen that "upon the innocent children, the whole toxicological battery seems to have been concentrated with Herodian intent."

In regard to the adulteration of liquors, no one has the slightest doubt of the extent to which the practice is carried; but inasmuch as we never saw the person who did not purchase of a thoroughly honest man, and therefore believed that he was swallowing only the pure article, we fear that the chapter may not be regarded as important as some of the others.

Though not so comprehensive as some works of the kind, it should not be considered any the less valuable for general circulation. Its style and contents are such as to make it an entertaining as well as useful book.

*Sixth Annual Report on the Births, Marriages and Deaths in the City of Providence, for the year 1860.* By EDWIN M. SNOW, M.D., Superintendent of Health and City Registrar. Second Edition. Providence, Knowles, Anthony & Co. 1861. pp. 56.

It appears from this report that the whole number of births in the city of Providence in 1860, was 1648, being 55 more than during the previous year. The months in which the greatest number of births have occurred during the past five years, are May, March, December, July and November. It may be remembered that according to the Registration Reports both of South Carolina and Rhode Island, the greatest fecundity was in November and December.

The number of marriages in 1860 was 620, or 9 more than in 1859.

The whole number of deaths for the year was 1001, an increase of 102, or 11.3 per cent. over the number in 1859—the stillborn not being included. The greatest mortality, as we might expect, was in July and August, and the least in June.

Of the causes of death, we may mention that the mortality from cholera infantum was larger than ever before, being 7.09 per cent. of all known causes. The deaths from consumption were 22.60 per cent. of all known causes; this being a large increase over the mortality in the previous year. Of the 207 who fell victims to this disease, 137 were females. Twenty-five deaths occurred from diphtheria, 14 of whom were males, the largest number of patients, 8, being between 2 and 5. It has been most prevalent during the last three months of the year. The Registrar remarks that this disease is gradually on the increase in the city, although there has as yet been no fatal epidemic.

Pneumonia seems to have been one of the most prolific causes of death; the mortality having been 6.15 per cent. of that from all known causes.

According to the recent census, Providence contains 50,666 inhabitants, being a gain of 9,153, or 22.05 per cent. in ten years.

The report which we have thus briefly noticed, evinces that care and fidelity which mark all the previous results of Dr. Snow's labors.

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*A Treatise on Fever, or a Selection from a Course of Lectures on Fever, delivered by* ROBERT D. LYONS, K.C.C., Physician to Jervis st. Hospital, &c. Philadelphia. Blanchard & Lea. 1861. pp. 362.

THE subject of Dr. Lyons's treatise, although one that is in itself by no means new, is, in the present advanced state of medical science, one that demands our attention, from the constant prevalence of the disease in many countries, and from the obscure nature of its causes and pathology. Our author has presented to the public an admirable compendium, comprising a digest of the subject as at present viewed, by the most eminent pathologists of Europe, and no one can fail to gain a clearer idea of the whole class of febrile affections after a faithful perusal of the work before us. We were particularly interested in the first and second chapters, which treat of their general pathology, and we regard his classification, which is especially treated of in the third chapter, as at once simple and comprehensive. He divides them into three great classes—the first called *Primary*, and comprising continued, intermittent and remittent fevers; the second, *Irritative*, including gastric, gastro-intestinal, remittent and hectic fever; and the third, *Eruptive*. The pathology and therapeutics of this formidable class of diseases, he has presented in a clear and succinct manner, giving the result of all the more recent investigations, and has given to the profession a most useful and instructive book.

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*A Paper on Diphtheria, read before the New York Academy of Medicine, January, 1861, by* JAMES WYNNE, M.D., Lecturer on Legal Medicine in the Medical Department of the University of the City of N. York, &c. &c. New York. Bailliere Brothers. 1861. pp. 32.

THIS is a brief, well-written treatise on Diphtheria, presenting a remarkably clear statement of the history, symptoms and treatment of this singular disease, and deserving a careful and attentive perusal.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, MAY 16, 1861.

WE hasten to correct an impression inadvertently conveyed in our remarks of last week relative to the Medical Commission recently appointed by the Governor. We stated that the use of chloroform for the State troops had been unconditionally forbidden by this body. We have ascertained, upon further inquiry, that we were in error in supposing that the Commission, as at present constituted, had the power to forbid the employment of any remedy that may be sanctioned by the Medical Bureau. Appointed, as has been before stated, as a board of advisers, it is the duty of this Board to make such suggestions to the Governor as they may deem expedient, in relation to all that bears upon the health of the State troops. Farther than this, their duties do not extend. With reference to chloroform, we believe that objections were strongly urged against its use in the State regiments by several prominent members of the Commission, but, so far as we can learn, no official opinion was expressed by the Board itself; which, had it been, must have been simply of an advisory nature.

With regard to the objections themselves, said to have been raised against the employment of chloroform for any and all purposes, we must express our surprise. Leaving out of view the manifest advantages it possesses over ether in being far more portable, and from its non-inflammability, free from the danger to which a highly inflammable and sometimes explosive material is necessarily liable; to say nothing of the remarkable success which attended its employment in the Crimea as an anæsthetic agent, we recognize in chloroform a medicine, whether used internally or externally, whose value is at present so well attested, that military surgeons could ill afford to be without it. Certain it is that it has been supplied to all State medical officers who have desired it, and this under the sanction of the Medical Bureau.

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COFFEE AS A REMEDY FOR WHOOPING COUGH.—In Dr. George D. Gibbs's work on whooping cough, published in London in 1854, he quotes Dr. Jules Guyot as authority for recommending strong coffee as a specific for the cure of this disease. We have tried it in several instances with marked effect. In one case, the patient being a little girl six years of age, there was not a single "whoop" after she began to take it. She took a tablespoonful and a half of very strong coffee, sweetened, but without milk, three times daily. A younger child, in the same family, was well of the disease in three weeks; no other remedy was used in either case. In another instance, in which we have recently tried it, the same happy result followed, the "whooping" symptom being at once arrested, and the complaint coming to a speedy termination. It is difficult to fix the dose definitely, and this may account for the unsatisfactory result in one or two instances we have heard of, in which a small dose was given. Another important consideration which should not be lost sight of, is, that three-quarters, probably, of what is drank for coffee, is made from

nothing but peas or beans. The only sure method is to get the coffee berry itself, and have it burnt and ground under one's own eye. The decoction should then be given as strong as possible, and in a quantity only short of enough to cause the unpleasantly stimulating effects of this beverage. Children take it very readily. The last patient referred to above, was only eighteen months old, and took, once a day, half a cup of coffee thus prepared, without the least noticeable injurious effect. As whooping cough is rather prevalent at the present time, we have thought it worth while to remind our readers of so simple and pleasant a remedy for it.

NEW OPERATION FOR THE RELIEF OF HERNIA.—Dr. John Niven recommends, in the London *Lancet*, the following operation for the relief of strangulated hernia, which he conceives would be most useful in the case of small and recent protrusions, where there is little chance of adhesions having been formed:—

"Every surgeon must have experienced the difficulty of reducing such hernia by the taxis, and must also be aware of the exceeding ease with which a force acting from within, such as the peristaltic action of the bowels, effects their return. Many years ago I had occasion to perform the *post-mortem* examination of the body of a female, who died from an unreduced femoral hernia of this character, and was astonished to find that the slightest touch of the finger caused the protruded bowel to slip into its place before I had an opportunity of demonstrating it to the bystanders.

"The operation I propose is this:—An incision is to be made in a vertical direction, about an inch or an inch and a half above the neck of the sack, dividing the skin of the abdomen, and gradually diminishing in extent till the peritoneum is reached. The peritoneum is then to be opened to the extent of admitting a blunt hook, or, what is perhaps better, a fine curved pair of forceps, with which the neck of the protruded intestine is to be grasped, and gently drawn upward, whilst the taxis is to be applied from the outside to assist. The wound is then to be closed with a hare-lip pin or a wire suture.

"Should this proceeding fail from any cause to effect reduction, it is open to the surgeon either to enlarge the wound, so as to admit the finger and to divide the stricture from the inside, or to perform the usual operation.

"The advantages of this operation are the small extent of the incision into the peritoneal cavity, and that in a sound place, and the avoidance of the exposure of the protruded bowel to the fingering required in the usual method. In fact, the danger would not be greater than that of the operation of paracentesis.

Henry Power, Surg., in the same *Journal*, recommends the following method of treating strangulated oblique inguinal hernia:—

"On the 14th ult., William W. presented himself amongst the out-patients of the Westminster Hospital. He stated that he was 44 years of age, a soda-water maker by trade, and that he had suffered from hernia for twenty years. He had always worn a truss, and though the bowel occasionally slipped down, he had always been able to replace it by himself. On the day previous to his coming, at five o'clock, P.M., he was pulling down the sash of a window, when the hernia descended with much force in spite of the truss. He immediately went home and attempted to reduce it, but his efforts were fruitless; he therefore readjusted the truss and went to bed. He endured much pain through the night, and got no sleep. In the morning he fell sick and vomited his breakfast.

"On examination, a very tense tumor was found in the right inguinal region. It was about equal in size to a guinea-fowl's egg, and was extremely tender to the touch. I could not ascertain whether the hernia was direct or oblique. He complained of nausea, and of pain radiating over the whole abdomen.

"I placed him on his back, with the knees drawn up, and for five minutes endeavored to reduce the hernia by steady pressure, but no impression whatever

was made upon it. Recollecting the plan which was re-discovered or re-introduced by my friend Mr. Jessop, of Cheltenham, and of which several successful instances are on record, I obtained the assistance of one or two of the students and placed the patient on his head. On again gently compressing the tumor, I had the satisfaction of feeling it quickly recede, and in less than a minute it entirely returned, with an audible gurgle."

TEA-TABLE TALK.—The following extract from the London *Lancet* will be read with interest, as it controverts the common opinion that the use of tea checks the transformation of the tissues.

"Dr. EDWARD SMITH has related, at a meeting of the Society of Arts, the results of investigations as to the action of tea. It has been stated by Boecker and others that tea has the power of preserving the tissues of the body from waste. The general conclusions of Dr. Smith are, however, that it hastens and facilitates the waste of the body. In every experiment, moderate quantities uniformly and regularly increased the respiratory changes, so that there was an advance of from one fourth to one fifth in the quantity of carbonic acid which was evolved from the lungs; the greatest effects occurring in from forty to fifty minutes, and the whole effect subsiding in from an hour to an hour and a half. When the dose was divided, as twenty-five grains of tea every quarter of an hour for six doses, instead of one hundred and fifty-six grains in one dose, the action was much more uniform and sustained—a point of some interest in regard to the posology of medicines. Dr. Smith states that tea exerts an action in increasing the perspiration by the skin. Therefore he agrees with the Chinese that it is 'of a cooling nature,' and especially if taken with hot water, 'when the perspiration becomes oftentimes very profuse, and the subsequent cooling proportionately rapid.' We are not, however, disposed to admit that a drink which produces profuse perspiration is therefore a cooling drink. All hot fluids will do this, and perspiration is a means of coolness, but certainly far from a test of it. Few people, except perhaps a very refined physiologist, on seeing a man sweating in the sun, or perspiring after a draught of hot fluid, would say, 'See how that man is cooling himself.' And more expeditious means for cooling one's self could certainly be devised than that of inducing profuse perspiration. Ginger, salt, or lemon, Dr. Smith observes, when added to the tea, will counteract its cooling property. In fine, he concluded that the essential effect of tea is to promote all vital actions, and to augment the functional activity of the skin. Hence it increases the assimilation of the food, both of the flesh- and heat-forming kinds, and, with abundance of aliment, it must promote nutrition, whilst, in the absence of sufficient food, it increases the waste of the body.

"Amongst the conclusions which Dr. Smith draws are, that tea should not be taken at breakfast, except there remains unused food from the supper on the previous night, or except the system be usually too full of nutritive material, as in those who dine heartily at a late hour; nor with our principal meals, or those at which we take the greater part of our animal food, for after such meals a dry and hot skin—that is, lessened action of the skin—is a natural effect, and this would be opposed by the tea."

VIVISECTION.—Earl Cowley had the honor of presenting to the Emperor of France, on Sunday last, a deputation from the Society for the Protection of Animals, of London, when they presented to his Majesty an address from the Society. The deputation was composed of General Sir John Scott Lillie, Mr. Gurney, M.P., Mr. John Curling, and the Rev. Thomas Jackson. The deputation called the attention of his Majesty to the subject of vivisection, which has long occupied the attention of the Paris Society for the Protection of Animals, and of other similar Societies in Europe. The Emperor, without wishing to prejudice the scientific part of the question, assured the deputation that an inquiry should be instituted on the matter.—*Lancet*, April 20.



ABSINTHE—ITS PROHIBITION IN THE FRENCH ARMY AND NAVY.—The French government has prohibited the use of absinthe in the army and navy—even to the officers—and it is said an attempt is to be made to prevent its importation into the colonies. Deaths and insanity, the results of its habitual use, are, I am informed by a medical friend of mine, very common in Paris; and that on the tombstones of several of the prominent men in the literary world, whose lights have gone out during the past ten years, might with truth be written, “died of absinthe.” And yet, with all these terrible facts before them, the use of this villainous mixture is daily increasing, and it is by no means improbable that the government, which interferes in matters of much less importance, will find it necessary before long to adopt a “Maine liquor law,” prohibiting the sale of the poisonous compound.—*Paris Correspondent of a New York paper.*

THE number of physicians in the United States is estimated at 40,481.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MAY 11th, 1861.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week, . . . . .	33	31	64
Average Mortality of the corresponding weeks of the ten years, 1851-1861, . . . . .	35.3	35.8	71.1
Average corrected to increased population, . . . . .	..	..	79.3
Deaths of persons above 90, . . . . .	..	..	..

##### Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumonia.	Measles.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	2	6	2	0	2	1	0	0

##### METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, . . . . .	29.826	Highest point of Thermometer, . . . . .	69°
Highest point of Barometer, . . . . .	30.086	Lowest point of Thermometer, . . . . .	43°
Lowest point of Barometer, . . . . .	29.394	General direction of Wind, . . . . .	S.W. & W.
Mean Temperature, . . . . .	48°.64	Am't of Rain (in inches) melted snow . . . . .	0.380

From Observations taken by Dr. Ignatius Langer, at Davenport, Scott Co., Iowa. Latitude, 41.31 North. Longitude, 13.41 West. Height above the Sea, 885.

		BAROMETER.					THERMOMETER.				SNOW & RAIN.		Mean Amount of Cloud 0 to 10.
		7 A.M.	2 P.M.	9 P.M.	Mean Height.	Highest Point.	7 A.M.	2 P.M.	9 P.M.	Mean Height.	Time 8 hours, 00 minutes.	Meas. snow.	
Monday,	April 29,	29.20	29.23	29.28			48	62	51				
Tuesday,	" 30,	29.33	29.36	29.47			52	55	42				
Wednesday,	May 1,	29.62	29.62	29.60			41	50	44				
Thursday,	" 2,	29.55	29.34	29.29			37	51	47				
Friday,	" 3,	29.08	29.17	29.26	29.19	29.62	50	44	41	49		0.78	
Saturday,	" 4,	29.26	29.18	28.95			42	57	51				
Sunday,	" 5,	28.57	28.28	28.49			49	61	52				

BOOKS RECEIVED.—Theory and Art of Bread-making. By Eben N. Horsford, Rumford Professor in Harvard University, Cambridge.

MARRIED.—At Fitchburg, 2d inst., James R. Wellman, M.D., to Louisa H., only daughter of Hon. Nathaniel Wood, of F.

DEATHS IN BOSTON for the week ending Saturday noon, May 11th, 64. Males, 33—Females, 31.—Abscess (psaos), 1—accident, 1—asthma, 1—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 1—cancer, 1—cholera infantum, 2—consumption, 15—croup, 2—debility, 1—dropsy, 3—dropsy of the brain, 3—dysentery, 1—epilepsy, 1—scarlet fever, 6—hemoptysis, 1—disease of the heart, 1—inflammation (internal), 1—jaundice, 1—disease of the kidneys, 1—inflammation of the knee, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 1—old age, 1—peritonitis, 1—premature birth, 1—puerperal disease, 1—smallpox, 2—disease of the spine, 1—tabes mesenterica, 1—unknown, 4.

Under 5 years of age, 19—between 5 and 20 years, 10—between 20 and 40 years, 20—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 37—Ireland, 22—other places, 5.